ORGANIZATION FORM 1 FEC MAHICCENTIER 1. NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Gallardo for Congress ADDRESS (number and street) (Check if address is changed) noenix CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) _igallardoforcongress@ (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE **FEC IDENTIFICATION NUMBER**

icon next to each line number.

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For help completing Form 1, please double-click the

NEW (N)

OR

Steve M. Gallardo

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

IS THIS STATEMENT

Type or Print Name of Treasurer

Signature of Treasurer

FEC

STATEMENT OF

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 02/2009) Toll Free 800-424-9530 Only Local 202-694-1100

AMENDED (A)

Date